

SAMPLES FROM FINISHED GOODS FORM

REQUESTOR INFORMATION

Requestor Name:	Denise Mawyer	Requesting Department:	Clinical Evaluation
Requestor Phone No:	274-3882	Department Cost Center:	15510 (2R7)
Reason For Request:	Domestic sample cigarettes needed for Human Exposure Study		
Will an individual in the United States smoke these cigarettes? (Circle/Select One)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		ZFD2	ZFD

SHIPPING INFORMATION

Required Delivery Date:	No later than 02/21/03
What Warehouse Should Ship Product: (if known)	Precon
City/State Where Product Will Be Consumed:	Lincoln, Nebraska
Destination Address:	MDS Pharma Services, attn. Staci McDonald
	621 Rose Street
	Lincoln, NE 68502
Special Shipping Instructions: (if any)	Ship overnight via DHL

STATE AND FEDERAL EXCISE TAX DESIGNATION

<i>(You MUST contact the local ATF Accountant to receive tax status and to determine if Government Approval is required prior to shipment.)</i>			
Prior BATF Approval Required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Tax Status (Circle/Select One):	<input checked="" type="checkbox"/> Taxable	<input type="checkbox"/> Non-Taxable	
Local ATF Contacts:	Cabarrus Richmond	Leslie Eversole Mike Kidd	Ext. 5070 Ext. 7403 Fax 5050 Fax 7581

PRODUCT REQUESTED (only case quantities can be removed from Finished Goods Warehouses)

<u>Quantity</u> (In Cases)	<u>Material Code</u>	<u>Batch ID</u> (If Applicable)	<u>Description</u>	<u>Production Dates</u> (If Applicable)
8 cases (12M)	560 0000		Domestic Samples	

If more lines are needed, use Attachment Sheet. Attachment Included? ☐ No

TO BE COMPLETED BY CS&D

Sales Order Number: _____ Delivery Note Number: _____

Fax or E-mail to Helen Conner: CS&D in Richmond - ext. 47913 (confirm receipt of fax with Helen on ext. 47952)

PM3006737134